

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 56	
1. PLACE OF DEATH		COUNTY <u>Cochise</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>32</u>	
TOWNSHIP <u>Douglas</u>		OR VILLAGE		CITY <u>Douglas</u>		WARD	
NO. <u>1157-9th St</u>		ST.		WARD			
LENGTH OF RESIDENCE		(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
IN CITY OR TOWN WHERE DEATH OCCURRED <u>35</u> YRS. <u>0</u> MOS. <u>0</u> DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH? <u>0</u> YRS. <u>0</u> MOS. <u>0</u> DS.					
2. FULL NAME <u>W de H Washington</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? <u>50</u> YRS. <u>0</u> MOS. <u>0</u> DS.					
(A) RESIDENCE: NO. <u>1157-9th St</u>		ST.		WARD		(IF DEATH OCCURRED IN CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF <u>Alice L Washington</u> (OR) WIFE OF							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-14-1864</u>							
7. AGE		YEARS <u>73</u>		MONTHS <u>0</u>		DAYS <u>2</u>	
		IF LESS THAN 1 DAY, HRS. <u>0</u> MIN. <u>0</u>					
OCCUPATION		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>President Douglas Hdw Co</u>					
		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					
		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) <u>Harewood W. Va.</u>							
FATHER		13. NAME <u>Richard S B Washington</u>					
		14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) <u>Blakeley W. Va.</u>					
MOTHER		15. MAIDEN NAME <u>Christine Maria Washing</u>					
		16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) <u>Harewood W. Va.</u>					
		17. INFORMANT <u>Richard S B Washington</u> (ADDRESS) <u>1250-10th St Douglas Ariz</u>					
		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas, Ariz</u> DATE <u>2-18-1937</u>					
		19. EMBALMER { LICENSE NO. <u>72-A</u> SIGNATURE <u>Porter & Ames</u> FUNERAL DIRECTOR <u>Porter & Ames</u> ADDRESS <u>Douglas, Arizona</u>					
		20. FILED <u>Feb 17 1937</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-16-1937</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec 9</u> 19 <u>36</u> TO <u>Feb. 16</u> 19 <u>37</u>							
I LAST SAW HIM ALIVE ON <u>Feb. 16</u> 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3-40PM</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Myocarditis (acute)</u> <u>Feb. 5</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
<u>Infarction</u>							
<u>Pneumonia</u>							
<u>Empyema</u>							
NAME OF OPERATION <u>Amputation of pleura</u> DATE OF <u>Dec 31</u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u>Clinical</u> WAS THERE AN AUTOPSY? <u>No</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19 <u>37</u>							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?							
IF SO, SPECIFY							
(SIGNED) <u>E. Williamson</u> M. D.							
(ADDRESS) <u>Douglas, Arizona</u>							